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|  | **Background Information****UW Position Questionnaire****Category A Unclassified Staff** |
|  | Name: |  |
| I. | Working Title: |  |
| II. | Name and Title of your immediate supervisor: |  |
| III. | State the number of years as of January 1 of the current calendar year (rounded to the nearest half year) that you have been performing the functions described in the attached UWPQ **at your institution**: |  |
| IV. | Total years of professional, job-related experience rounded to the nearest half year as of January 1 of the current calendar year: |  |
|  | *Note: Include years listed in both III and IV above. Include all job-related experience.* |
| V. | List below your current and previous position titles, your employer(s) and the number of years employed in the title(s). Include concurrent or acting appointments (but do not duplicate the years). Total years must equal the number indicated in Q. IV. Use the backside of the paper if you need more room. |
|  | **Position Title:** | **Employer** | **Years Employed** |
|  | *e.g. Student Services Specialist* | *UW Superior* | *5* |
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| VI. | Check the one response which describes the education which you have completed as of January 1 of the current calendar year: ***(Check ONE Only).*** |
|  | **[ ]**  | less than a bachelor’s degree |
|  | **[ ]**  | bachelor’s degree (AB,BS) |
|  | **[ ]**  | bachelor’s degree plus required internship/residency |
|  | **[ ]**  | master’s degree (MS,MA and others except MFA) |
|  | **[ ]**  | master of fine arts degree (MFA) |
|  | **[ ]**  | master’s degree plus required internship/residency |
|  | **[ ]**  | second master’s degree |
|  | **[ ]**  | Ed.S degree |
|  | **[ ]**  | law degree |
|  | **[ ]**  | medical degree |
|  | **[ ]**  | doctorate degree (Ed.D, Ph.D.) |
|  | **[ ]**  | doctorate degree plus postdoctoral fellowship |
|  | **[ ]**  | medical degree plus specialty residency |

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| **UW Position Questionnaire****Category A Positions** |
|  |
| A. | **Position Description** |
|  | 1. | In the space provided, summarize the basic purpose of your position in one or two short sentences. Use only the space provided. |
|  |  |  |
|  | 2.  | Briefly describe each major duty you perform in the normal course of your work. List the duties and indicate the average percent of time applied to each duty over the course of a year. Keep statements brief, concise, and in terms that can be understood clearly. Total must equal 100%. You may use the next page if you need more room. |
|  |  | Duties |  | Approximate percentage of time applied over one year |
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| B. | **Job‑related Education and Training, and Experience** |
|  | Respond to questions 1-3 as if your position were vacant. Think about what you would recommend if your supervisor asked you to assist in writing the announcement for your position. |
|  |
|  | 1. | What is the minimum level of formal job related education necessary for a new staff member filling this specific position? ***(Check ONE Only).*** |
|  | **[ ]**  | less than a bachelor’s degree |
|  | **[ ]**  | bachelor’s degree (AB,BS) |
|  | **[ ]**  | bachelor’s degree plus required internship/residency |
|  | **[ ]**  | master’s degree (MS,MA and others except MFA) |
|  | **[ ]**  | master of fine arts degree (MFA) |
|  | **[ ]**  | master’s degree plus required internship/residency |
|  | **[ ]**  | second master’s degree |
|  | **[ ]**  | Ed.S degree |
|  | **[ ]**  | law degree |
|  | **[ ]**  | medical degree |
|  | **[ ]**  | doctorate degree (Ed.D,Ph.D.) |
|  | **[ ]**  | doctorate degree plus postdoctoral fellowship |
|  | **[ ]**  | medical degree plus specialty residency |
|  |  |  |
|  | 2. | Assuming an individual has the required educational/training background, what is the minimum work experience that would be required of that individual to perform all of the major duties and responsibilities of the position when assuming this specific position? ***(Check ONE Only).*** |
|  | **[ ]**  | None |
|  | **[ ]**  | up to and including 2 years |
|  | **[ ]**  | more than 2 years, up to and including 4 years |
|  | **[ ]**  | more than 4 years, up to and including 6 years |
|  | **[ ]**  | more than 6 years, up to and including 8 years |
|  | **[ ]**  | more than 8 years, up to and including 10 years |
|  | **[ ]**  | more than 10 years |
|  |  |  |
|  | 3. | For an individual assuming this position, is licensure/certification (authorized by an external agency) required? ***(Check ONE Only).*** |
|  | **[ ]**  | No |
|  | **[ ]**  | Yes List name of required license/certificate |
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| C. | **Job Characteristics** |
|  | Work is defined for us by others in a variety of ways. Direction may be given to us by a request from a superior, from recent legislation, new policy, or from new research. Consider a TYPICAL example of a new assignment/task in your work, something which is totally new. Think about what you must do to complete the new assignment/task, and the order in which you must do things to complete it. Questions 4 and 5 ask about directions given to you. |
|  | 4. | Check the one statement which best describes the direction given to you about what you must do to complete this new assignment/task. ***(Check ONE Only).*** |
|  | **[ ]**  | I am usually given specific directions about what to do. |
|  | **[ ]**  | I am usually given general directions about what to do. |
|  | **[ ]**  | I am not usually given directions about what to do. |
|  |  |  |
|  | 5. | Check the one statement which best describes the direction given to you about the order of the steps you must take. ***(Check ONE Only).*** |
|  | **[ ]**  | I am usually given specific directions about the order of the steps to undertake. |
|  | **[ ]**  | I am usually given general directions about the order of the steps to undertake. |
|  | **[ ]**  | I am not usually given directions about the order of the steps to take. |
|  |  |  |
|  | 6. | Think about the kinds of judgment required of your position related to gathering, interpreting, and analyzing information and developing solutions to solve problems. The product of your work may be information, or it may be a set of recommendations or decisions.Check the number of the alternative which **most closely** describes the kind of judgment required of your position. ***(Check ONE Only).*** |
|  | **[ ]**  | 1. Requires judgment to solve day‑to‑day problems, but usually within established procedures, guidelines, and precedents.
 |
|  | **[ ]**  | 1. Intermediate (between 1 and 3)
 |
|  | **[ ]**  | 1. Requires judgment from time to time in the application of broader aspects of established practices to problems and situations not falling clearly or concisely within the limitations of accepted standards or precedents.
 |
|  | **[ ]**  | 1. Intermediate (between 3 and 5)
 |
|  | **[ ]**  | 1. Job duties typically involve frequently changing conditions and problems. Requires considerable judgment in applying factual background and fundamental principles to the development of approaches and techniques for the solution of problems.
 |
|  | **[ ]**  | 1. Intermediate (between 5 and 7)
 |
|  | **[ ]**  | 1. Requires considerable judgment to work out programs and approaches to major problems and, in general, perform duties wherein recognized general principles may be inadequate to determine the best procedures to follow or the optimum decision in all cases.
 |
|  | **[ ]**  | 1. Intermediate (between 7 and 9)
 |
|  | **[ ]**  | 1. Requires extensive resourcefulness and creativity. Typically entails judgment in the development of solutions to major problems or opportunities where precedents/principles are few.
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|  | 7. | Listed below are four kinds of errors you might make in carrying out the work of your position. Indicate the ease of discovering and correcting those errors and their immediate effect. Think of typical errors and their consequences rather than “worse case scenarios.” **7a**. Using the KEY provided, in the first column describe how easy it is to discover errors. **7b**. In the second column, use the KEY to describe how much effort/expense is required to correct errors. **7c**. In the third column use the key to describe the effect of errors. (**Fill in every box but enter ONE number only**). |
|  | 7a. | **KEY**: Ease of Discovering Errors:1 = Errors are usually easy to discover.2 = Errors usually take some effort to discover.3 = Errors are usually difficult to discover. |
|  | 7b. | **KEY**: Ease of Correcting Errors:1 = Errors can usually be corrected with little effort or expense.2 = Errors can usually only be corrected with some effort or expense.3 = Errors can usually only be corrected with significant effort or expense. |
|  | 7c. | **KEY**: Ease of Effect Errors:1 = Errors **primarily** affect the specific duties and responsibilities of your position.2 = Errors **primarily** affect your work unit, sub‑department, or equivalent unit.3 = Errors **primarily** affect your department, or equivalent unit.4 = Errors **primarily** affect a center campus, a college, a division, a major organizational area or equivalent unit.5 = Errors **primarily** affect the institution.6 = Errors **primarily** affect the UW System.7 = Errors **primarily** affect those outside the UW System.  |
|  |  |  |
|  | **Kinds of Errors** | **7a. Ease of Discovery** | **7b. Ease of Correction**  | **7c.Effect of Errors** |
|  | 1. Errors in not following oral or written instructions/procedures, in misreading words or numbers, in miscalculating numbers or in giving incorrect information.
 |  |  |  |
|  | 1. Errors in interpreting manuals, procedures or guidelines, in compiling and categorizing information, in persuading or coaching others, or in setting up complicated machinery.
 |  |  |  |
|  | 1. Errors in analyzing data, adapting general principles, interpreting symptoms, instructing or counseling others, or coordinating operations or processes.
 |  |  |  |
|  | 1. Errors in judging alternatives, advising on different courses of action, negotiating agreements or in conceptualizing new theories or programs.
 |  |  |  |
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|  | 8a. | As part of your position, are you involved in the instructional and/or training activities of students, faculty, staff, clients, patrons, or the general public? ***(Check ONE Only).*** |
|  | **[ ]**  | No (if No, skip 8b and proceed to question 9). |
|  | **[ ]**  | Yes |
|  |  |  |
|  | 8b. | Using the grid below, indicate your involvement in instructional and/or training activities of students, faculty, staff, clients, patrons, or the general public by checking either “yes” or “no” for each activity. ***(Check ONE Only)*** |
|  |  | Include here all activities which involve:* + classrooms, laboratories, field sites, etc.
	+ one‑to‑one instruction as well as groups
	+ occasional as well as on‑going instructional responsibilities
	+ regularly scheduled instruction or on an as needed basis
 |
|  |  |  |
|  | **Activity** | **Yes** | **No** |
|  | 1. Design courses/workshops/training sessions/lab sessions/select texts.
 | **[ ]**  | **[ ]**  |
|  | 1. Act as a group leader for employees-in-training, interns, student teachers, etc.
 | **[ ]**  | **[ ]**  |
|  | 1. Teach entire course or direct a team-taught course.
 | **[ ]**  | **[ ]**  |
|  | 1. Present workshops, training sessions, guest lectures and/or outreach presentations (verbal or written).
 | **[ ]**  | **[ ]**  |
|  | 1. Conduct one-to-one informal training and/or teaching on methods, techniques, instrument operation, safety, etc.
 | **[ ]**  | **[ ]**  |
|  | 1. Coordinate and manage course/instructional program (no formal teaching or little direct instructional responsibility) or coordinate course schedule and/or registration activities in a department, program, or course.
 | **[ ]**  | **[ ]**  |

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|  | 9a. | In your position are you involved in the **instructional activities** of students? In addition to students in classrooms, include student teachers, interns, preceptors, elected and volunteer students in organizations, clubs, and student government, etc. The focus of this question is on the staff member's involvement in the instructional, academic program.  |
|  | **[ ]**  | No (if No, skip 9b and proceed to question 10). |
|  | **[ ]**  | Yes |
|  |  |  |
|  | 9b. | Indicate whether or not you are involved in an activity by checking either “yes” or “no” for each activity. Do not include the supervision of student employees in this question if it's not part of their academic program. (If you supervise student workers, you will have an opportunity to report that responsibility in later questions). |
|  |  |  |
|  | **Activity** | **Yes** | **No** |
|  | 1. Plan, implement, or develop (or assist in planning, implementing, or developing) students’ social, educational, cultural, or recreational programs.
 | **[ ]**  | **[ ]**  |
|  | 1. Evaluate student performance.
 | **[ ]**  | **[ ]**  |
|  | 1. Do instructional or programmatic supervision of students.
 | **[ ]**  | **[ ]**  |
|  | 1. Do some supervision of students, but not directly responsible for their evaluation.
 | **[ ]**  | **[ ]**  |
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| 10. | Think about the individuals with whom you communicate (either in verbal or written form) when carrying out the work of your position. For each kind of job-related interaction listed in the left-hand column of the grid, use the KEY to best describe the frequency of your interaction with the groups listed in the column headings.**Do not include:** your supervisor(s), people whom you supervise, co-workers |
|  | 0 = Never1 = Once per year2 = Less than monthly (2-7 times per year)3 = Monthly (8-12 times per year)4 = Weekly5 = Daily |
|  |  |  |  |  |  |  |  |
| **Kinds of Interaction** | **Students (credit and non-credit)** | **Patients, Clients, Patrons or Volunteers** | **Vendors and Suppliers** | **Others External to the UW System** | **Dept. Chairs or Unit Directors** | **Regents, Presidents, Chancellors, Vice Chancellors, Deans\*** | **Staff and Professional Colleagues \*\*** |
| 1. Obtain factual information from them.
 |  |  |  |  |  |  |  |
| 1. Respond to questions or inquiries.
 |  |  |  |  |  |  |  |
| 1. Provide factual information.
 |  |  |  |  |  |  |  |
| 1. Interpret and translate facts and information.
 |  |  |  |  |  |  |  |
| 1. Advise/counsel them regarding alternative actions.
 |  |  |  |  |  |  |  |
| 1. Persuade them to take a specific course of action.
 |  |  |  |  |  |  |  |
| 1. Negotiate with them to resolve problems.
 |  |  |  |  |  |  |  |
| 1. Advise groups.
 |  |  |  |  |  |  |  |
| 1. Authorize exceptions to rules.
 |  |  |  |  |  |  |  |
| 1. Diagnose and/or treat their physical or mental illness or injury.
 |  |  |  |  |  |  |  |
|  |  |  |  |  |
| \* Note: includes assistant and associate deans, chancellors, vice chancellors etc.\*\* Note: includes faculty, academic and classified staff, employees-in-training, graduate, research and project assistants. |

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|  | 11. | As part of your position, do you have direct contact with students other than student employees? |
|  | **[ ]**  | No  |
|  | **[ ]**  | Yes |
|  |  |  |
|  | 12. | Indicate the **type of supervisory authority which you have**, directly or through persons reporting to you. First, determine whether or not you make recommendations or decisions regarding the five types of supervision listed on the grid. Enter the **number** of individuals who you supervise (**regardless of full or part time status**) in the appropriate box for each type of supervision listed. Staff includes both classified and unclassified employees, and students includes only paid student employees. Do not enter duplicate numbers for the columns labeled “recommend” and “decide.” If you do not exercise the type of supervision, indicate that by entering a 0. (**Enter whole numbers and do not provide a range**).  |
|  |  |  |  |
|  | **Type of Supervision** | **Staff Recommended** | **Staff Decided** | **Students Recommended** | **Students Decided** |
|  | 1. Salaries, rates of pay, merit pay (pending Regent or appointing authority decision)
 |  |  |  |  |
|  | 1. Hiring (pending Regent or appointing authority decision)
 |  |  |  |  |
|  | 1. Reprimands, suspends or terminates employment
 |  |  |  |  |
|  | 1. Performance evaluations
 |  |  |  |  |
|  | 1. Grievance resolution
 |  |  |  |  |
|  |  |  |  |  |  |
|  | 13. | Indicate your involvement in training and scheduling others, and in assigning, reviewing and approving the work of others either directly or through persons reporting to you. Enter the number of individuals (regardless of full‑time or part‑time status) in the appropriate box for each activity listed. (Enter whole numbers only **and do not provide a range).** If you do not engage in the particular activity, enter a 0. |
|  |  |  |
|  | **Activity** | **Staff** | **Student Workers or Volunteers** |
|  | 1. Schedule and/or assign work
 |  |  |
|  | 1. Review and/or approve work
 |  |  |
|  | 1. Instruct and/or train
 |  |  |

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|  | 13b. | Indicate the total number of FTE staff (staff and students) whom you supervise:  |  |

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|  | 14. | Indicate at which organizational level decisions and/or final recommendations rendered in your position affect current and future operations/activities. ***(Check ONE Only).*** |
|  | **[ ]**  | 1. Decisions and/or final recommendations **primarily** affect the specific duties and responsibilities of your position.
 |
|  | **[ ]**  | 1. Decisions and/or final recommendations **primarily** affect your work unit, sub‑department, or equivalent unit.
 |
|  | **[ ]**  | 1. Decisions and/or final recommendations **primarily** affect your department, or equivalent unit.
 |
|  | **[ ]**  | 1. Decisions and/or final recommendations **primarily** affect a center campus, a college, a division, a major organizational area or equivalent unit.
 |
|  | **[ ]**  | 1. Decisions **primarily** affect the institution.
 |
|  | **[ ]**  | 1. Decisions **primarily** affect the UW System.
 |
|  | **[ ]**  | 1. Decisions **primarily** affect those outside the UW System.
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|  | If you checked 3, 4, 5, 6, or 7 in Question 14, give an example in the space below.  |
|  |  |

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|  | 15. | Does your position have responsibility for developing budgets, monitoring and controlling expenses, and/or contributing to revenue generation? ***(Check ONE Only).*** |
|  | **[ ]**  | No (If No, skip Question 16 and proceed to Question 17). |
|  | **[ ]**  | Yes |
|  |  |  |
|  | 16. | If you answered YES to question 15, indicate the KIND, LEVEL, AND FISCAL YEAR AMOUNTS of your budgetary responsibility (**including salaries and regardless of source of funds)** by placing the **FISCAL YEAR AMOUNT** in the appropriate box. (Use whole dollar amounts). Note: If you have the same budgetary responsibility for multiple levels, choose the highest level and enter the information in that row only. For example, if your work unit and the department are the same, enter the information in the row labeled “Department” only. On the other hand, if the amount of budgetary responsibility differs or if the kind of responsibility is different between levels, you may enter different amounts in different boxes. For example, if you have budgetary responsibility of $50,000 at the department level and you develop budget requests, determine expenditures and monitor expenses, you would enter $50,000 in those columns and in the “department” row. If you also determine budget allocations, but at the work unit level, you would enter that amount in the column labeled “determine budget allocations” and the row labeled “work unit.” |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Organizational Level** | **Develop Budget Requests** | **Determine Budget Allocations** | **Determine Expenditures** | **Monitor Expenditures and Revenue** | **Generate Program Revenue** |
| 1. Work or Unit position
 |  |  |  |  |  |
| 1. Department
 |  |  |  |  |  |
| 1. College, Division, Center Campus, or major organizational unit
 |  |  |  |  |  |
| 1. Institution
 |  |  |  |  |  |
| 1. UW System
 |  |  |  |  |  |

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|  | 17. | While you may not make final decisions and/or final recommendations, indicate at which organizational level the work of your position influences current and future operations/activities. (Checked **ONE** only). |
|  | **[ ]**  | 1. Work of your position **primarily** influences the specific duties and responsibilities of your position.
 |
|  | **[ ]**  | 1. Work of your position **primarily** influences your work unit, sub‑department, or equivalent unit.
 |
|  | **[ ]**  | 1. Work of your position **primarily** influences your department, or equivalent unit.
 |
|  | **[ ]**  | 1. Work of your position **primarily** influences a center campus, a college, a division, a major organizational area, or equivalent unit.
 |
|  | **[ ]**  | 1. Work of your position **primarily** influences the institution.
 |
|  | **[ ]**  | 1. Work of your position **primarily** influences the UW System.
 |
|  | **[ ]**  | 1. Work of your position **primarily** influences those outside the UW System.
 |
|  |  |  |
|  | If you checked 3, 4, 5, 6, or 7 give an example in the space below. |
|  |  |

|  |  |
| --- | --- |
| D. | **Working Conditions** |
|  | 18. | Check the ONE response which best describes the FREQUENCY of your exposure to unpleasant working conditions, such as excessive noise, dust, heat, fumes, human or animal waste material, or adverse weather conditions. ***(Check ONE Only).*** |
|  | **[ ]**  | Never |
|  | **[ ]**  | Once per year |
|  | **[ ]**  | Less than monthly (2-7 times per year) |
|  | **[ ]**  | Monthly (8-12 times per year) |
|  | **[ ]**  | Weekly |
|  | **[ ]**  | Daily |
|  |  |  |
|  | 19. | Listed below are common risks and dangers to which some of us are routinely exposed as a part of our jobs, and which can result in injury or illness. Check whether or not you are exposed to the kinds of dangers/risks listed below as you ROUTINELY carry out your work. Then using the KEY below, indicate the most likely RESULTING INJURY OR ILLNESS in the far right-hand column. |
|  |  | KEY:0 = Unable to assess1 = Long-term health risk with no immediate effects2 = Minor injury or illness requiring first aid at my place of work3 = Permanent disability which does not require me to terminate employment or change jobs4 = Permanent disability requiring me to terminate employment or change jobs5 = Temporary disability requiring me to miss work for less than a week6 = Temporary disability requiring hospitalization7 = Fatal |
|  |  |  |
| **Kinds of Dangers/Risks** | **Yes** | **No**  | **Most Likely Result** |
| 1. Frequent travel or extensive driving in doing your job
 |  |  |  |
| 1. Bacterial, viral, fungal, and other pathogenic organism exposure
 |  |  |  |
| 1. Electrical equipment including computers
 |  |  |  |
| 1. Chemicals such as explosives, flammable gases, strong acids, other gases, strong solvents,
 |  |  |  |
| 1. Heavy or dangerous equipment such as tractors, centrifuges, sharp tools, glass
 |  |  |  |
| 1. Violent clients or students
 |  |  |  |
| 1. Animal bites or injuries inflicted by animals
 |  |  |  |
| 1. Mutagenic or carcinogenic chemicals or materials
 |  |  |  |
| 1. Radiation, not from computers
 |  |  |  |
| 1. Other (listed)
 |  |  |  |

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|  | 20. | Is there anything else you would like to say about your position?  |
|  |  |

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| **Supervisor’s Comment Section** |
| Introduction: Since supervisors may have a different perspective on the position being described, it is important that you review the UW Position Questionnaire. Do not change the incumbent’s description of the position, but list your comments on individual responses below. The sole purpose of this questionnaire is to describe the position accurately. It is not for evaluating the individual’s performance. |
|  | Question # |  | Comments |
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| **Supervisor/Position-Holder Signature Page** |
| Complete either Section 1 or 2 below: |
| **Section 1** |
|  | We have discussed the position-holder’s position questionnaire and are in agreement with responses. |
|  |
|  | Supervisor Signature: |  | Date: |  |
|  |
|  | Position-holder’s Signature: |  | Date: |  |
|  |  |  |  |  |
| **Section 2** |
|  | We have discussed the position-holder’s questionnaire and are not in agreement with responses. |
|  |
|  | Supervisor: State area(s) of disagreement in the space below: |
|  |  |  |
|  | Supervisor’s Signature: |  | Date: |  |
|  | Position-holder: State area(s) of disagreement in the space below: |
|  |  |  |
|  | Position-holder’s Signature: |  | Date: |  |
|  |
|  | Both sections of the questionnaire have been reviewed. State any comments and/or proposed changes using the back side as needed. |
|  |  |  |  |  |
|  | Department Chair/Supervisor signature: |  | Date: |  |
|  | Dean/Division Head signature: |  | Date: |  |